

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29759

FILED OCT 3 1951		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 5247		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Salisbury Mo</u>				d. STREET ADDRESS (If rural, give location) <u>7 mi N.E. Salisbury</u>			
3. NAME OF DECEASED (Type or Print) <u>Mollie</u>		a. (First) <u>Genera</u>		c. (Last) <u>Todd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 27 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 22, 1883</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		9. AGE (In years last birthday) <u>67</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Gideon Gooch</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Mary Whitlow</u>		14. NAME OF HUSBAND OR WIFE <u>Monte Todd</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Monte Todd</u>		ADDRESS <u>Salisbury Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		332X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1950</u> , to <u>Sept 27, 1951</u> , that I last saw the deceased alive on <u>9-26, 1951</u> , and that death occurred at <u>4:45 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. L. Smith M.D.</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>9-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/28/51</u>		REGISTRAR'S SIGNATURE <u>W. H. L. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B. Winkelmeyer</u>		ADDRESS <u>Salisbury Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-521732
Date Filed: OCT 2 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Chas B. Winickmeyer

Signed
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.